U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -   \$1 63	2. Fiscal Year Covered From:
` `	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name ERIC BOYCE	Name UA PLUMBERS LOCAL 14
	Labor Organization File Number 055 280
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 468 Lafayette Drive	Street 150 Main Street
City Bricktown	City Lodi .
State NJ ZIP Code + 4 08723	State NJ ZIP Code + 4 07644
5. Position in labor organization.  BUSINESS MANAGER	
	sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with or d	derived income or other economic benefit of
A. Held an interest in, engaged in transactions (including loans) with, or d monetary value from an employer whose employees your organizatio	on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or d monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name	on represents or is actively seeking to represent.
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A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is to the best of the
A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code +4  Signa  15. Signature and verification. The undersigned declares, under penalty of Psubmitted in this report (including the information contained in any accompanying the informa	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is to the best of the

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Name of Person Filing ERIC BOYCE	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name PLUMBERS LOCAL 14 WELFARE FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 150 Main Street  City Lodi  State NJ ZIP Code +4 07644	9. Business deals with:  X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Provides Health Insurance to Members of Plumbers Local 14, who I represent as Business Manager.
Street	11.b. Approximate dollar value of such dealing. \$470.55
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Expenses for 5/2/04 to 5/5/04 Attendance at a Health & Welfare Trust Fund seminar.
	12.b. Amount. \$470.55
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Mechanical Contractors Association NJ	14.a. Nature of payment.  Attended Industry reception at National MCAA Convention on 3/2/04 with wife and
P.O. Box, Bldg., Room No., if any PO Rox 390	Cost of Dinner Eric Boyce \$76.80
P.O. Box, Bldg., Room No., if any PO Box 390  Street 211 Mountain Avenue	wife Daria Boyce \$76.80 son Jake Boyce \$20.48

14.b. Amount of payment.

State NJ

Springfield

13.b. Is the Business an Employer

ZIP Code + 4 07081

or Consultant

?

City

\$174.08

Name of Person Filing	ERIC BOYCE	File Number U-
WHITE CONTROL OF CONTR		

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business /ely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PLUMBERS LOCAL 14 WELFARE FUND		
Ten (phonologico) o mango mang	X a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 150 Main Street	Enterminal Control of The Control of	
City Lod1		
State NJ ZIP Code +4 07644		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	1000
Name	Provides Health Insurance Plumbers Local 14. who I re	
Trade Name, if any:	Business Manager,	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	He deed to he design and open mediano, only or to prompt to be administrate or the measurement and consideration and the considerati
City	12.a. Nature of interest held or income received.	\$430.76
State ZIP Code + 4	Registration fee and expens UA & MCA sponsored Trust Fo seminar from 4/15/04 to 4/2	und Education
	12.b. Amount.	\$430.76
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	The state of the s
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing ERIC BOYCE	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name PLUMBERS LOCAL 14 PENSION FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 150-Main-Street  City Lodi  State NJ ZIP Code +4 07644	9. Business deals with:  X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Provides Pensions to Members of Plumbers Local 14, who I represent as Business Manager.
Street	11.b. Approximate dollar value of such dealing. \$430.76
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Registration and expenses for attending UA & MCA sponsored Trust Fund seminar from 4/15/04 to 4/17/04.
er en	12.b. Amount. \$430.76
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City City Control of the Control of	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing ERIC BOYCE		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
8. Name and address of Business (Including trade name, if any).  Name PLUMBERS LOCAL 14 EDUCATION FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 150 Main Street  City Lodi  State NJ ZIP Code + 4 076444	9. Business deals with:  a. Labor Organizati  b. Trust  c. Employer	ion	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any		ntion and Tra Local 14, w	ining to Members ho I represent
Street Street	11.b. Approximate dollar value	e of such dealing.	\$352.92
State  State  ZIP Code + 4  ***Presentation of the control of the		ittending Uni am and gradu	ted Association ation ceremony.
	12.b. Amount.		\$352.92
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	, v umaga ta	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.2. Nature of payment.	TO AND AND MANY OF AN A SAMMER AND AN ANALYSIS AND AN ANALYSIS AND AN ANALYSIS AND	
Name			

14.b. Amount of payment.

Form LM-30 (2003)

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Name of Person Filing ERIC BOYCE	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or othen of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PLUMBERS LOCAL 14 EDUCATION FUND	· X	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 150 Main Street	beamed " "	
City Lodi		
State NJ ZIP Code + 4 07644		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	Clarent America Commerce and commerce and property of the property of the commerce and the
Name	Provides Education and T of Plumbers Local 14 who	
Trade Name, if any:	Business Manager.	o I represent as
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	\$50.00
City Control C	12.a. Nature of interest held or income received	ved.
State ZIP Code + 4	Reimbursement for provid and Business Agents lunc interviews on 7/13/04.	
	12.b. Amount.	\$50.00
C. Received from any employer (other than an employer covered unde	r parts A and B above)	
or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name (		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing ERIC BOYCE		File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer	ion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	g.
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value	e of such dealing.
City	12.a. Nature of interest held	Service and a se
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name MECHANICAL CONTRACTORS ASSOCIATION NJ  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 390  Street 211 Mountain Avenue	or other thing of value.  14.a. Nature of payment.	\$84.88
City Springfield  State NJ ZIP Code + 4 07081		

Name of Person Filing ERIC BOYCE	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	. Pransistry	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
y=====-/-	.1	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	12.a. Nature of interest held or income received.	
Entered to control who in the effective and the entered to the ent	12.a. Nature of interest held or income received.	
Entered to control who in the effective and the entered to the ent	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	12.b. Amount.  r parts A and B above) or other thing of value.	
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  AMALGAMATED BANK	12.b. Amount.  r parts A and B above) or other thing of value.  14.a. Nature of payment.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name AMALGAMATED BANK  Trade Name, if any:	12.b. Amount.  r parts A and B above) or other thing of value.  14.a. Nature of payment.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name AMALGAMATED BANK  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	12.b. Amount.  r parts A and B above) or other thing of value.  14.a. Nature of payment.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name AMALGAMATED BANK  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 11–15 Union Square	12.b. Amount.  r parts A and B above) or other thing of value.  14.a. Nature of payment.	